Clinical Practice Guidelines: Other/Suspected abuse

Policy code	CPG_OT_SUA_0722
Date	July, 2022
Purpose	To ensure a consistent appproach to the management of situations of patient suspected abuse.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
Review date	July, 2025
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
URL	https://ambulance.qld.gov.au/clinical.html

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Suspected abuse

July, 2022

Abuse involves *"any act, or failure to act, which results in a breach of a person's human rights, civil liberties, physical and mental integrity, dignity or general wellbeing."*[1] Abuse can occur in many different forms and can be perpetrated intentionally or arise as a result of negligent or careless behaviour.

Ambulance clinicians are in an important position to identify abuse and should therefore be aware of the circumstances that may render a person vulnerable or at risk of abuse, and alert to the indicators of the various categories of abuse. This CPG provides details regarding:

- Individuals that are at risk of abuse
- Types of abuse according to those who perpetrate the abuse
- Categories of abuse and clinical indicators of each category
- Guidelines when responding to an abuse victim
- Reporting of abuse

Individuals at risk of abuse

Any person could potentially fall victim to abuse however, individuals that have been identified as vulnerable, and are potentially at risk of suffering harm as a result of abuse, could include:

- children
- older persons
- aboriginal and Torres Strait Islanders
- people who are lesbian, gay, bisexual or transgender
- members of ethnic or religious minorities
- people who are intellectually or physically impaired
- homeless people
- pregnant women
- people who suffer from drug or alcohol dependence
- people who suffer from a mental illness.

Types of abuse

Abuse can involve a single act, or repeated acts over an extended period of time. It can occur in relationships where there is an expectation of trust, such as a family member, a friend, a care giver or a health professional, or it can be inflicted by a person that is not known to the victim. Types of abuse according to the perpetrator include:[2]

- *Family and domestic abuse:* abusive behaviour by a person towards another who is in a relevant relationship.
- *Peer abuse:* abuse of a vulnerable person by another vulnerable person with similar vulnerabilities.
- *Professional abuse:* abuse of trust, misuse of power, neglect and the provision of sub-standard professional care.
- *Stranger abuse:* abuse by a person that is not known to the vulnerable person.

Categories of abuse

Abuse can present in many different forms. The common categories of abuse are:[3]

- Physical abuse
- Emotional or psychological abuse
- Sexual abuse
- Neglect
- Institutional abuse
- Material abuse

Physical abuse occurs when an individual is hurt, and it is not accidental. The abuse can involve hitting, slapping, shaking, pushing, kicking, choking, burning, biting, smothering, throwing, poisoning, misuse of medication, use of excessive force when attending to personal cares, restraint or inappropriate sanctions.[4]

The *indicators of physical* abuse may include unexplained physical injuries such as:

- Bruising that is both recent and old, particularly to arms, wrists, throat or chest or in a parallel strip pattern consistent with that possibly inflicted by a belt, cord or stick
- Injuries to forearms and back suggestive of blows sustained while in a defensive pose
- Burns and scalds (including cigarette burns)
- Lacerations
- Human bite marks
- Fractures, both recent and old
- Joint dislocation
- Internal traumatic injuries
- Loss of hair
- Loss of teeth
- Injuries in obscure sites such as behind the ears, neck, angle of jaw, inside of mouth/tongue, soles of feet, genital region or buttocks

Suspicion of physical abuse may include:

- Delays in soliciting medical aid for injuries sustained
- In cases of child physical abuse, a reluctance by alleged perpetrator for the child to be examined
- Siblings are blamed for causing injuries to a child
- Alleged perpetrator may infer that the injuries were self-inflicted
- Injuries observed by the ambulance clinician are not consistent with the related history of events
- Continued questioning produces variations in the history of events
- Vague or no explanation is given for the injuries
- Patient may present with a minor complaint that does not correspond to their psychological state, they may be disproportionately distressed, anxious or fearful
- Obvious lack of empathy and concern or inappropriately defensive behaviour from the alleged perpetrator
- Different witnesses provide markedly different explanations for how the injuries occurred

Emotional or psychological abuse includes threats of harm and/or threats to abandon the person, isolation, confinement or deprivation of liberty, humiliation, intimidation, coercion, harassment, bullying or verbal abuse.[5]

Indicators of emotional or psychological abuse may include:

- Mood swings
- Anxiety
- Depression
- Shame
- Loss of self-esteem
- Sleeplessness
- Self-harm
- Emotional distress and tearfulness.

Sexual abuse can be physical, verbal or emotional in nature. It can include both non-contact and contact activities. Non-contact sexual abuse can involve exposure of sexual organs, exposure to sexually explicit material, or acts, and the use of sexually explicit language which is not age or developmentally appropriate, particularly when communicating with a child.

Contact sexual abuse includes kissing, holding, intentional touching, fondling, oral sex, penetration of the vagina or anus by penis, finger or other objects without consent, or where the person was unduly coerced to provide consent, or could not provide consent for reason of age or lack or decision-making capacity.[6]

Indicators of sexual abuse in an adult may include:

- Disclosure of sexual assault
- Loss of consciousness, episode of amnesia or drug related blackout
- Trauma to the breasts, genitals, anus, rectum, thighs, buttocks, face or neck
- Sleep disturbances
- Mood swing
- Emotional distress, anxiety, fear and tearfulness
- Depression
- Evidence of self-harm

Indicators of sexual abuse in a child may include:

- Developmental regressive behaviour
- Sleep disturbances
- Trauma to the genitals, anus, rectum, thighs and buttocks
- Injuries that are difficult to explain
- Abdominal pain
- Urinary or faecal incontinence
- Phobias
- Sexualised behaviours

Neglect can be perpetrated against any member of the community however older persons, children, and physically or intellectually impaired individuals are at heightened risk. Neglect occurs when there is repeated failure to provide access to basic needs such as adequate nutrition, hydration, clothing, housing, access to necessary and timely health needs and medications, and protection from physical harm or danger.[7]

Indicators of neglect include:

- Poor personal hygiene
- Poor physical appearance
- Poor nutritional state
- Inadequate housing and poor state of cleanliness in the home
- Failure to attend/access health appointments
- Inappropriate administration of medications
- Severe nappy rash or dermatitis in children
- Children found to be in a heavily soiled bed or clothing
- Carer/s absent or carer/s affected by alcohol.

Institutional abuse may occur in a residential care facility or an acute setting such as a hospital. The abuse can involve poor standards of care or inadequate staff numbers and rigid routines, resulting in a failure to deliver adequate care to an individual or group of individuals.[8]

Material abuse includes theft, fraud, undue influence or coercion in relation to wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, personal possessions or financial benefits.[9]

Please note these are not exhaustive lists but may provide guidance when assessing the welfare of a patient.

Responding to allegations or suspicion of abuse

A victim of abuse may fear the potential consequences should he or she disclose the abuse to the ambulance clinician. The ambulance clinician should therefore be aware of the circumstances that may render a person vulnerable to abuse and be alert to the indicators of the various categories of abuse.

The following steps have been provided to assist the ambulance clinician when responding to an allegation or suspicion of abuse. The response however must take into account the diversity of the patient including their culture and language, disability, sexual orientation, gender diversity and age.

1. *Detection of Abuse*

The ambulance clinician should obtain a comprehensive social history and conduct a thorough clinical assessment to identify immediate safety needs and health needs.

2. *Provide emotional support*

Locate a private place in which to talk and allow the patient to tell their story and do so in their own time.

- Encourage the patient to talk using their own language
- Ask only enough questions to be clear about what the patient is saying
- Do not over interrogate the patient or ask leading questions
- Ensure the questions are medically pertinent and relevant to the ongoing treatment of the patient
- Do not make any promises to the patient about keeping any disclosed information secret
- Act on the basis that the information disclosed is true (other agencies will undertake appropriate investigation)
- Do not advise the alleged perpetrator of the allegations

3. *Assess risk*

Determine the degree of urgency and the level of risk to which the patient is exposed:

- Is there a significant risk to the patient's health?
- Is there a risk of serious physical harm or death?
- Is there the potential for self-harm?

4. *Safety planning*

If the ambulance clinician reasonably suspects that the patient is at risk of serious harm or death, the clinician should inform the patient (if appropriate) of those concerns and seek immediate advice from the QAS Mental Health Liaison Clinician (QAS Clinical Consultation and Advice Line) and report the matter to the Queensland Police SerVice (QPS)

If the abused patient is a child, the ambulance clinician should obtain consent to transport the patient to hospital. If consent is not forthcoming, the clinician should refer to the guideline below as it relates to children who may be at risk of serious harm and in need of protection.

If the abused patient is an adult, the ambulance clinician should recommend transport to a hospital where appropriate clinical care can be provided, and in the case of sexual abuse/assault information regarding forensic examination, and reporting the incident to QPS can be explored. If the patient refuses transport to hospital, the ambulance clinician should provide the patient with information and contact details for the Statewide Sexual Assault Helpline which is available between the hours of 7:30 am and 11:30 pm, 7 days a week. The contact number for the Helpline is: **1800 010 120.**

A number of information and support services are available to victims of sexual abuse and assault. A detailed list of the services including each service location and contact telephone number is available at Queensland Government site: https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/sexual-abuse-assault/sexual-abuse-assault-getting-help

5. *Reporting*

Abuse of an older person: If the abused patient is an older person, the ambulance clinician can seek confidential advice from the Queensland Government Elder Abuse Helpline (Elder Abuse Prevention Unit) that will assist the clinician to develop a safety plan that is relevant to the patient's needs.

The Elder Abuse Prevention Unit is not a reporting agency and has no power of investigation. It can however provide comprehensive and relevant advice to health providers and others, regarding appropriate support services for an elderly patient who is a victim of abuse of any kind.[10]

The Elder Abuse Helpline number is **1300 651 192.**

Abuse of a child (not sexual): If the abused patient is a child (under the age of 18 years),[11] and the ambulance clinician forms a reasonable suspicion that the patient has suffered significant harm, or is at risk of suffering harm and may be in need of protection, the clinician is encouraged to inform the Department of Children, Youth Justice and Multicultural Affairs (Child Safety) and can do so in accordance with section 13A of the *Child Protection Act 1999 (Qld)*. This section also applies to an unborn child that may be in need of protection after he or she is born.[12]

The factors that the clinician may consider when deciding to inform Child Safety includes anything that the clinician considers relevant to forming his or her suspicion, including:

- the age of the child;
- whether there are detrimental effects on the child's body or the child's psychological or emotional state that are evident to the clinician, or the clinician considers are likely to become evident in the future; and
- the nature and severity of the detrimental effects; and
- the likelihood that any detrimental effects will continue.

Reporting a reasonable suspicion of harm (other than sexual abuse of a child)

The ambulance clinician can immediately inform Child Safety in writing and can do so on-line using a *'Report of suspected child in need of protection'* form. A link to the form is provided below.

The **form can be completed and submitted** on-line, or completed, printed and forwarded to the relevant Child Safety Regional Intake Service (contact the relevant office to obtain an address for this purpose). When completing the form, select the option that the report is made under 'section 13A of the *Child Protection Act 1999*', and select 'other health professional' when recording 'reporter type'.

Alternatively, the ambulance **clinician can telephone** a Child Safety Services' Regional Intake Service, the contact numbers for which are listed (see over). If this option is preferred, it is recommended that the clinician first access the *'Report of suspected child in need of protection'* form and provide verbal details in relation to that which is asked on the form.

'Report of suspected child in need of protection' form

[redacted]

The ambulance clinician providing information to Child Safety is protected from liability arising from the provision of that information. Information provided to Child Safety, including the identity of the ambulance clinician who is providing the information, is subject to the provisions of the *Child Protection Act 1999* and the Information *Privacy Act 1999*. The information must be kept confidential and only disclosed as the Act may permit.

Abuse of a child (sexual): If the ambulance clinician believes, on reasonable grounds, that:

- a child under the age of 16 years; or
- a child aged 16 years and under 18 years with an impairment of the mind *(see definition below)*,

has been sexually abused/assaulted, the clinician MUST REPORT the alleged abuse/assault to the QPS or Child Safety *(see above)* as soon as it is reasonably practical to do so.[13]

Reasonable grounds could include directly witnessing the abuse occurring; obtaining information that an abuse has occurred (e.g. a child states they have been sexually abused); or observing clinical signs consistent with sexual abuse.

Note:

- A *child* is a person under the age of 18 years[11]
- A *person with an impairment of mind* means a person (who is a child) who has a disability that is attributable to an intellectual, psychiatric, cognitive, or neurological impairment or a combination of any of the above, resulting in substantial reduction of the person's capacity for communication, social interaction or learning and the person needs support.[14]
- This *obligation to report is mandatory* and is not limited to the clinician's role as a QAS employee. The obligation extends outside the workplace as an adult within the Queensland community. A failure to report a reasonable belief of sexual abuse/assault will amount to a criminal offence, unless the clinician believes, on reasonable grounds that the information has already been reported.[13]

6. Documentation

In all cases of suspected abuse, the ambulance clinician should provide a detailed verbal handover to hospital personnel, and record on the eARF, comprehensive details of the following:

- the clinical assessment findings;
- details of any information disclosed by the patient or others at the scene;
- relevant details of the state of the environment in which the patient was located, including poor living conditions and absent or compromised carer/s;
- information provided to the patient regarding available support services;
- recommendations for management including transport to hospital;
- if suspicion of abuse, neglect or exposure to circumstances that may cause harm, record the details of such circumstances that resulted in the clinician reaching that conclusion;
- if suspicion reported to another agency, information regarding the time and the agency to which the suspicion was reported, including mandatory reporting of child sexual abuse/assault; and
- if mandatory reporting of child sexual abuse/assault has been reported by receiving hospital personnel, record the name of the person who reported the abuse/assault, the time at which it was reported, and the agency to which it was reported.

Additional information

Crime scenes and preservation of forensic evidence

Alleged acts of sexual, physical and child abuse are crimes and as such crime scene preservation is always important. Ambulance clinicians should be mindful of making every attempt to minimise disruption of a scene while appropriately managing the patient's condition.

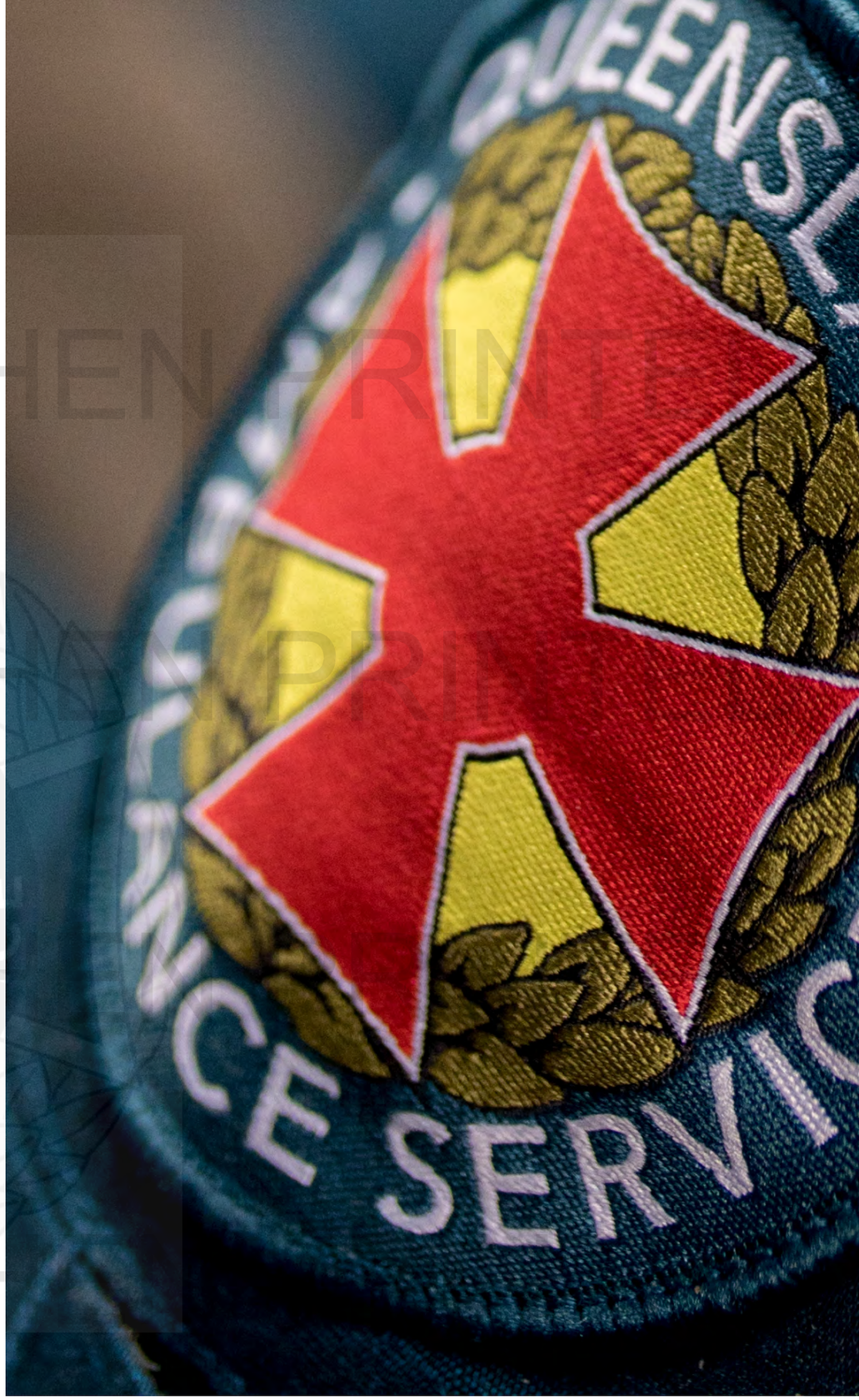
In circumstances involving a sexual assault, it is important to impress upon the patient the importance of not showering or washing so as to preserve evidence.

Do not destroy, discard or wash clothing worn by the patient during the alleged assault.

Notify the patient's doctor and the QPS with the patient's consent.

Transport the patient to hospital with the patient's consent.

Child Safety Services Regional Intake Service (Monday – Friday (0900 – 1700))	
Brisbane	[redacted]
Central Queensland	[redacted]
Far North Queensland	[redacted]
Ipswich	[redacted]
North Coast	[redacted]
North Queensland	[redacted]
South East Queensland	[redacted]
South West Queensland (Darling Downs)	[redacted]
Child Safety After Hours Service Centre for callers from QH/QAS	
All Queensland	[redacted]
Additional contacts	
Elder Abuse Helpline	1300 651 192
Queensland Statewide Sexual Assault Helpline	1800 010 120



Information Sharing – Domestic and Family Violence (DFV) and Children Exposed to DFV

Discretionary information sharing with a prescribed entity
Domestic & Family Violence Protection Act 2012, S169DE

- **to ASSESS if there is a serious threat to the life, health, or safety of a person**
- **to RESPOND to a serious threat**
- **to REFER people to specialist DFV providers who fear or experience DFV OR commit DFV**

Does the patient consent for information disclosure with a prescribed entity?

Y

Consider:

- **Encourage the patient to contact a specialist DFV provider, and assist patient to do this if required.**
- **Sharing this information with a prescribed entity such as:**
  - **DV Connect (1800 811 811)**
  - **1800 RESPECT (1800 737 732)**
  - **QPS via Policelink (131 444)**
- **Document within your eARF the patient's consent and any information that was shared, and the entity to which it was shared.**

N

Is the disclosure likely to adversely affect the safety of the patient or another?

N

Consider:

- **Sharing this information with a prescribed entity such as:**
  - **QPS via Policelink (131 444)**
- **Document within your eARF any information that was shared and the entity to which it was shared.**

Y

Consider:

- **Contact the *QAS Clinical Consultation & Advice Line* (ambulance medical officer) for case specific management guidance and advice.**
- **If information is NOT shared, document within your eARF the factors that influenced your decision not to share information with a prescribed entity.**

Mandatory Reporting – Sexual Abuse of a Child or Person with Impairment of Mind

Indicators of sexual abuse of a child < 16 years OR a child aged 16 years and under 18 years who has an impairment of mind identified.

Mandatory reporting required
Criminal Code Act 1899, S229BC

Patient transported to hospital?

Y

Must:

- Contact the *QAS Clinical Consultation and Advice Line* for case specific management guidance and advice.
- Provide a verbal handover at hospital detailing the sexual abuse.
- Report all relevant information regarding the sexual abuse to QPS via Policelink (131 444) OR confirm the receiving hospital personnel HAVE REPORTED the sexual abuse to either QPS or Child Safety.
- Document within your eARF all relevant information regarding the sexual abuse that was reported. Also include details regarding the name of the hospital employee that reported the sexual abuse, the time at which it was reported, and the agency to which it was reported.

N

Must:

- Report all relevant information regarding the sexual abuse to QPS via Policelink (131 444)
- Document within your eARF all relevant information regarding the sexual abuse that was reported. Also include information confirming that the abuse was reported to QPS and the time at which it was reported.

Discretionary Reporting – Child Abuse (Not Sexual)

Reasonable suspicion of abuse of a child (< 18 years) in need of protection (not sexual) OR an unborn child in need of protection once born.

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Discretionary reporting to Child Safety
Child Protection Act 1999, S13A

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Consider:

- **Completing a 'report of a suspected child in need of protection form' using the link below:**
  [redacted]

  OR
- **Contact the Child Safety Services Regional Intake Service in your area (Mon–Fri 09:00–17:00)**

  OR
- **The Child Safety After Hours Service Centre at all other times ([redacted])**
- **Document within your eARF all relevant information regarding the abuse that was reported.**